

WEINBERG ZAREH MALKIN PRICE LLP 45 Rockefeller Plaza, 20th Floor New York, New York 10111 Phone: 212-899-5470 Adrienne Woods, Esq. Email: awoods@wzmplaw.com <i>Proposed Counsel to Gavin B. Whiston</i>	
--	--

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re: GAVIN B. WHISTON, Debtor.	Chapter 11 Case No. 24-10803 (MEW)
--	---

**DECLARATION OF GAVIN B. WHISTON PURSUANT TO RULE 1007-2 OF
LOCAL BANKRUPTCY RULES FOR SOUTHERN DISTRICT OF NEW YORK**

I, Gavin B. Whiston, make this declaration pursuant to 28 U.S.C. § 1746:

1. I am an individual over the age of 18 residing at 240 West Woodland Drive, Wading River, New York 11792.

2. Except as otherwise indicated herein, the facts set forth in this Declaration are based upon my personal knowledge, my review of relevant documents, and information provided to me by advisors and counsel, or my opinion based upon my experience, knowledge, and information. If called upon to testify, I would testify competently to the facts set forth in this Declaration.

3. This Declaration is submitted pursuant to Rule 1007-2 of the Local Bankruptcy Rules for the Southern District of New York (“**Local Rules**”) for the purpose of apprising the Court and parties in interest of the circumstances that led to the commencement of my Chapter 11 Case.

4. On May 8, 2024 (“**Petition Date**”), I filed a voluntary petition under subchapter V of chapter 11 of title 11 of the United States Code §§ 101 *et seq.* (“**Bankruptcy Code**”).

Local Rule 1007-2(a)(i)

I was a defendant in a lawsuit brought in the Supreme Court for the State of New York County of New York, styled *Esther O. Mahoney, et al. v. Gavin Whiston, et al.*, Index No. 652621/2014 (“**State Court Action**”), wherein Plaintiffs alleged, *inter alia*, breach of fiduciary duty against me and several other defendants. Ultimately a judgment was entered in favor of Plaintiffs, and myself and my co-defendants appealed but lost.

After defending the State Court Action for more than a decade, and despite best efforts to settle with Plaintiffs, I found myself unable to continue to respond to Plaintiffs ongoing demands for discovery; nor could I afford the settlements proposed by Plaintiffs. The onerous demands for discovery have proven as labor-intensive and costly as the underlying litigation, as Plaintiffs continue to search for assets that simply do not exist. The time demanded of me has made operating my business to provide for myself and my family untenable, and I cannot afford to respond to and defend against discovery that seems never-ending. Thus, I sought bankruptcy protection with the goal of proposing a plan to pay all creditors, including Plaintiffs, over time if we cannot arrive at a settlement I can afford. I also hope that the transparency of the bankruptcy process will finally convince Plaintiffs that I truly cannot afford the amounts they demand.

Local Rule 1007-2(a)(ii)

Not applicable.

Local Rule 1007-2(a)(iii)

Not applicable.

Local Rule 1007-4(a)(iv)

A list of the twenty largest unsecured creditors is annexed hereto as **Exhibit A**, and I am the person most familiar with the accounts related to these creditors.

Local Rule 1007-4(a)(v)

The holders of secured claims are set forth in **Exhibit B**.

Local Rule 1007-4(a)(vi)

A summary of assets and liabilities is set forth in **Exhibit C**.

Local Rule 1007-4(a)(vii)

Not applicable.

Local Rule 1007-4(a)(viii)

Not applicable.

Local Rule 1007-4(a)(ix)

Not applicable.

Local Rule 1007-4(a)(x)

My substantial assets are held at my home address, 240 West Woodlawn Drive, Wading River, New York 11792.

I maintain my books and records. Richard Stampel, CPA, located at 178 Roxbury Road, Garden City, New York 11530 is my tax preparer and may also have copies.

My only asset located outside of the United States is a bank account at Allied Irish Bank disclosed on Schedule B to my Petition, which I will be closing in late May when I return to Ireland so that I can deposit the funds into my debtor-in-possession bank account.

Local Rule 1007-4(a)(xi)

As noted in my Statement of Financial Affairs, Ken Foley (“**Foley**”) holds a judgment against me in the amount of \$153,523.92 and Dubcork, Inc. (“**Dubcork**” with Foley, “**Judgment Creditors**”) holds a judgment against me in the amount of \$4,588,152.15. Counsel to Judgment

Creditor indicated his intention to seek turnover of my Schwab IRA, disclosed on Schedule B to my Petition. I believe that seizure of other assets may also be imminent.

Local Rule 1007-4(a)(xii)

Not applicable.

Executed this 10th day of May, 2024.

/s/ Gavin B. Whiston
Gavin B. Whiston

EXHIBIT A
20 LARGEST UNSECURED CREDITORS

Fill in this information to identify your case:

Debtor 1 Gavin B Whiston
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 24-10803
(If known)

☐ Check if this is an amended filing

Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

	Unsecured claim
<p>1</p> <p>Dubcork, Inc. Creditor's Name</p> <p>299 Broadway Suite 1820 Number Street</p> <p>dba Smithfield Tavern, Smithfield Hall NY</p> <p>New York NY 10007 City State ZIP Code</p> <p>Joshua E Abraham Contact</p> <p>646-245-6710 Contact phone</p> <p>What is the nature of the claim? <u>Judgment Liens</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 4,588,152.15</p>
<p>2</p> <p>Ken Foley Creditor's Name</p> <p>30-67 42nd St. Number Street</p> <p>Apt. 3-R</p> <p>Astoria NY 11103 City State ZIP Code</p> <p>Joshua Abraham Contact</p> <p>646-245-6710 Contact phone</p> <p>What is the nature of the claim? <u>Judgment Liens</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____</p>	<p>\$ 153,523.92</p>

Debtor 1 Gavin B Whiston
First Name Middle Name Last Name

Case number (if known) 24-10803

Unsecured claim

3	Peconic Bay Medical Center <small>Creditor's Name</small> <u>223 Townsend Square</u> <small>Number Street</small> <u>c/o Jerald J DeSocio & Associates, P.C.</u> <u>Oyster Bay NY 11771</u> <small>City State ZIP Code</small> <u>Jerald DeSocio</u> <small>Contact</small> <u>516-628-2356</u> <small>Contact phone</small>	What is the nature of the claim? <u>Medical Services</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>1,640.00</u>
4	JPMCB Card Services <small>Creditor's Name</small> <u>301 N Walnut St</u> <small>Number Street</small> <u>Floor 09</u> <u>Wilmington DE 19801</u> <small>City State ZIP Code</small> <small>Contact</small> <u>800-945-2000</u> <small>Contact phone</small>	What is the nature of the claim? <u>Credit Card Debt</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>246.00</u>
5	NY State Dept of Taxation & Finance Bar <small>Creditor's Name</small> <u>PO Box 5300</u> <small>Number Street</small> <u>Albany NY 12205</u> <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Taxes & Other Government Units</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>0.00</u>
6	Internal Revenue Service <small>Creditor's Name</small> <u>Centralized Insolvency Operations</u> <small>Number Street</small> <u>PO Box 7346</u> <u>Philadelphia PA 19101</u> <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Taxes & Other Government Units</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>0.00</u>
7	<small>Creditor's Name</small> <small>Number Street</small> <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ _____

Debtor 1

Gavin B Whiston

First Name Middle Name Last Name

Case number (if known) 24-10803

Unsecured claim

8

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

9

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

10

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

11

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

12

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Debtor 1

Gavin B Whiston

First Name Middle Name Last Name

Case number (if known) 24-10803

Unsecured claim

13

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

14

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

15

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

16

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

17

Creditor's Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact _____
Contact phone _____

What is the nature of the claim? _____ \$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Debtor 1

Gavin B Whiston

First Name

Middle Name

Last Name

Case number (if known) 24-10803

Unsecured claim

18

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

19

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

20

Creditor's Name

Number Street

City State ZIP Code

Contact

Contact phone

What is the nature of the claim? _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☐ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Debtor 1

Gavin B Whiston

First Name

Middle Name

Last Name

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Gavin B Whiston

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/10/2024

MM / DD / YYYY

Date 05/10/2024

MM / DD / YYYY

EXHIBIT B
SECURED CREDITORS

Fill in this information to identify your case:

Debtor 1 Gavin B Whiston
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number (if know) 24-10803

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--------------------------------------

2.1	Describe the property that secures the claim:	\$ 277,103.00	\$ 751,000.00	\$ 0.00
<p>Citizens One Home Loan Creditor's Name</p> <p>10561 Telegraph Road Number Street</p> <p>Glen Allen VA 23059 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p>	<p>240 W Woodlawn Dr, Wading River, NY 11792 - \$751,000.00</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number _____</p>			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 277,103.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

EXHIBIT C
SUMMARY OF ASSETS AND LIABILITIES

Fill in this information to identify your case:

Debtor 1 Gavin B Whiston
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 24-10803
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 375,500.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 164,312.62
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 539,812.62**

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 277,103.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 0.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 4,743,562.07
- Your total liabilities** **\$ 5,020,665.07**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 12,526.11
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 11,181.00

Debtor 1
Gavin Whiston
First Name Middle Name Last Name

Case number (if known) 24-10803

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

Total claim

From Part 4 on *Schedule E/F*, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$ _____
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____
- 9d. Student loans. (Copy line 6f.) \$ _____
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____
- 9g. **Total.** Add lines 9a through 9f. \$ _____